

PART B - FEE(S) TRANSMITTAL

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INTEL CORPORATION
40 INTELLEAVE, LLC
P.O. BOX 82080
MINNEAPOLIS, MN 55402

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_____	(Depositor's name)
_____	(Signature)
_____	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/852,026	05/10/2001	SURENDER V. BRAHMAROUTU	219.366E1X00	4632

TITLE OF INVENTION:

A METHOD FOR DETERMINING MULTIPLE PATHS BETWEEN PORTS IN A SWITCHED FABRIC

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/06/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SWERINGEN, JEFFREY R

2145

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.361).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB112) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB112, Rev. 05-03 or more recent) attached. Use of a **Customer Number** is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Robert D. Anderson**

2. _____

3. _____

3. **ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) **NAME OF ASSIGNEE**

Intel Corporation

(B) **RESIDENCE (CITY AND STATE OR COUNTRY)**

Santa Clara, California, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2016 is attached.

☒ The Director is hereby authorized by change the required fee(s), or credit any overpayment, to Deposit Amount Number **50-0221** (reference to extra copy of this form).

5. **Change in Entity Status** (from status indicated above)

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. **NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature **/Robert D. Anderson/**

Date **June 5, 2007**

Typed or printed name **Robert D. Anderson**

Registration No. **33,836**

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